

FILED MAR 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
318 1003

10852
State File No. 2812
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>			
c. LENGTH OF STAY (in this place) <u>4 days</u>				d. STREET ADDRESS (If rural, give location) <u>1543 South F Street</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>St. Mary's Infirmary</u>				e. DATE OF DEATH (Month) (Day) (Year) <u>March 22, 1950</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clifford</u>		b. (Middle) _____		c. (Last) <u>Morris</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 22, 1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>		8. DATE OF BIRTH <u>March 31, 1895</u>	
9. AGE (In years last birthday) <u>54</u>		10. IF UNDER 1 YEAR Months <u>11</u> Days <u>22</u>		11. IF UNDER 24 HRS. Hours <u>5:30</u> Min. <u>4. m</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>American Steel</u>		11. BIRTHPLACE (State or foreign country) <u>Union City, Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Robert Morris</u>		13b. MOTHER'S MAIDEN NAME <u>Willie Bables</u>		14. NAME OF HUSBAND OR WIFE <u>Anna</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
16. SOCIAL SECURITY NO. <u>335-10-6104</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Willie Lee Pearson</u>		18. ADDRESS <u>1543 So. F</u>		19. MEDICAL CERTIFICATION	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Edema</u> ANTECEDENT CAUSES <u>Pulmonary Infarct</u> DUE TO (b) <u>Myocarditis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>7 days</u> <u>6 mos</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4522</u>		21c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21d. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <u>4/3</u> 19 <u>49</u> , to <u>3/22</u> 19 <u>50</u> , that I last saw the deceased alive on <u>3/22</u> 19 <u>50</u> , and that death occurred at <u>5:30 p.m.</u> from the causes and on the date stated above.	
23a. SIGNATURE <u>W. A. Jackson</u> (Degree or title) _____		23b. ADDRESS <u>1500 E. Parkway</u>		23c. DATE SIGNED <u>3/24/50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>3-24-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Booker Washington</u>		24d. LOCATION (City, town, or county) (State) <u>E. St. Louis, Ill.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. V. Marsh</u>	
DATE REC'D BY LOCAL REG. <u>MAR 24 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Foster</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. V. Marsh</u>		ADDRESS <u>3847 Page</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. 286

working under my personal supervision.

Student [Signature]
Student Embalmer

Signed

C. J. Nash

Licensed Embalmer No. 2432

P. O. Address 3847 Page Bldg.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.